cal foundations of the complicated configurations of the face vary in a reciprocal manner.

European people that were formerly looked upon from an anthropological and ethnological point of view as a racial unity (such as the Germans, English, French and Italians) do not belong throughout as a single type of race, but as a mixture of several races. To proove this fact there was at one time obtained the statistics of more than ten million school children concerning the color of the eyes, hair and skin. It showed that spread over Europe are two races, the blonde and the brunette, and these faces have in the most intimate way intermingled one with the other, so that many mixed varieties have resulted. For instance, in Germany, 54 per cent.; Austria, 57 per cent.; Switzerland, 63 per cent. The Germans, Swiss and Austrians show not alone ethnical, but particular corporal differences although they are all derived from the blonde and brown varieties. The races and type from which they are sprung are everywhere the same. The racial anatomical delineations or impressions in the offspring are influenced by whichever element most thoroughly predominates in the progenitors. Somatic statistics and craniometry show the multiple forms of types that may be developed in one and the same nation. The Indian tribes of British Columbia show according to measurements of skulls made by Boas, two different varieties of head formation, in which the facial outlines and bodily height were in accordance with the variety of the skull. These people are also composed of two races which have mixed one with another without the formation of a blended race. The representatives of the race always remaining distinctly recognizable as in the European people. In the same manner Luschau showed that the Tachtadschy, a Grecian tribe in Syria, consists of two portions living beside one another who can be clearly distinguished in spite of their marital mixtures for thousands of years.

ON HYDROMYELUS AND SYRINGOMYELIA.

Von Dr. Karl Schaffer und Dr. Hugo Preisz, zu Budapest, mit zwei tafeln. (Archiv. für Psychiatrie u. Nervenkrank., xxiii., Bund., pp. 1–39). The authors of this monograph have made a contribution of immense value to the pathology and causation of hydromyelus and syringomyelia. They have presented the histories of six cases suffering from either one of the affections or of both combined and with commendable skill and patience give the results of these anatomical investigations.

By hydromyelus they understand the formation of cavities which passing from the central canal, have an epithelial covering as its substantial feature. It may be taken for a characteristic of hydromyelus that the bed of the abnormal cavity bespeaks the position of the central canal in its development—but this does not, however, hold true for all cases. The dilatation may issue from the embryonic central canal, and as this presents a slit, the cavity formed need not necessarily have a circular transverse section, neither must it have its usual seat at the central canal providing that the obliteration of the fœtal slit has taken place somewhere near the centre.

Syringomyelia is defined as a longish, abnormal cavity of the spinal cord situated outside the central canal, having no epithelial lining. This may be congenital, or acquired through the degeneration of tissue. The difference between hydromyelus and syringomyelia is a morphological one and has two important characteristics. 1st. On the syringomyelitic cavity are no epithelium. 2d. The cavity of syringomyelia lays outside of the central canal and does not communicate with it. The genetic conditions of the two may be identical. The opinions of the authors differ considerably in regard to the question, "How cavities develop in the spinal cord?" and they therefore discuss the theories of other pathologists at some length—particularly Simon-Westphal's, Leyden's Kronthal's, Langhan's and others, but it is not within the bounds of this abstract to present the ideas of those investigators here.

It is in all probability a fact that an inflammatory process may start in the central canal which gives rise to a formation of glia proliferation, and as the vascular supply is ordinarily affected, so a necrotic process takes place in local portions as in the subepithelial layer, and also the epithelial layer of the central canal. The canal subsequently widens in consequence of the necrosed and absorbed area, while the epithelium of the margin of the enlarged canal may continue to grow. This last fact is of highest importance.

The authors present the following schema referable to the formation of cavities in the cord.

I. Simple cavity formation.
  1. Hydromyelus.
    (a) congenital; (b) acquired.

2. Syringomyelia.
   (a) congenital; (b) acquired.

II. Combined form of cavities.
   Hydromyelus and syringomyelia (Variations: congenital and acquired hydromyelus with congenital and acquired syringomyelia).

III. Mixed form of cavities.
   Hydro-syringomyelia with varieties as in division II.

By the combined form is understood an independent existence in the same cord of syringomyelia together with a congenital or acquired hydromyelus which at first does not communicate with the enlarged central canal but after a confluence between the two takes place, the name hydro-syringomyelia is given to it.

The authors make a critical application of the pathological conditions found in their cases to the above table. Any one specially interested in hydromyelus and syringomyelia should consult this ably written and lucidly explicated monograph.

RHUS AROMATICA IN THE TREATMENT OF INCONTINENCE OF URINE.

In the Buffalo "Medical and Surgical Journal" for October, 1891, Dr. Wm. C. Krauss, of Buffalo, sums up his experience in nine cases as follows:

Incontinentia urinæ, due to slight disorders of the genito-urinary or nervous systems, is amenable to the rhus treatment, and gives most favorable results.

Incontinentia urinæ, due to destructive lesions of the spinal cord, complicating the vesical centre or its reflex arc, is not amenable to the rhus treatment, and gives negative results.

W. C. K.